

Assistance for Dental Diagnostic and Treatment Facilities

FEDERAL assistance to communities for the construction of dental facilities for the diagnosis and treatment of ambulatory and dental patients through the provision of the Hospital Survey and Construction Program, popularly known as the Hill-Burton Program, has stimulated interest in the development of these facilities.

Under this program more than 3,000 communities have received aid for the construction and equipment of hospitals and health centers. Since the act was amended in 1954, many other communities have applied for assistance in building and equipping nursing homes, chronic disease hospitals, rehabilitation centers, and diagnostic and treatment facilities for ambulatory patients, including patients in need of dental care.

Assistance is provided through allotment of Federal funds to States for grants to local facilities on a matching basis. Construction includes new buildings, expansion, remodeling and alteration of existing buildings, and initial essential equipment, as well as architects' and consultants' fees, site survey, and soil investigation.

A diagnostic and treatment center, as defined in the act, is "A facility providing community service for the diagnosis or diagnosis and treatment of ambulatory patients, which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State."

This report was prepared by the Division of Hospital and Medical Facilities, Bureau of Medical Services, Public Health Service.

Dental facilities may be constructed under the 1954 amendments with priority determined by specific need for dental or medical diagnostic and treatment facilities, but the project for dental facilities per se must be definable as a project in area and service.

The minimum State allotment is \$100,000 for diagnostic and treatment facilities. Allotments are dependent on (a) size of appropriation, (b) the population of the State, and (c) the per capita income of the State. The allotment increases with population but decreases as per capita income rises.

The rate of Federal participation in projects is established by the State administering agency in accordance with principles set forth in the act. In no case, however, may the Federal share be less than 33 $\frac{1}{3}$ percent or greater than 66 $\frac{2}{3}$ percent.

An applicant for funds for diagnostic and treatment centers must be either a State, political subdivision, or public agency, or a corporation or an association which owns and operates a nonprofit hospital.

The State agency administering the Hospital and Medical Facilities Survey and Construction Program approves projects eligible under the act in conformance with a State plan and forwards State-approved projects to the Public Health Service for final approval. An applicant should contact the State administering agency to determine the availability of funds and the priority position of the project contemplated.

In all States and Territories but eight, the department or board of health is the designated agency. For these eight, the agency is—

Florida State Development Commission, Tallahassee.
Louisiana State Department of Hospitals, Baton Rouge.

Michigan Office of Hospital Survey and Construction, Lansing.

Mississippi Commission on Hospital Care, Jackson.
New Jersey State Department of Institutions and Agencies, Trenton.

New York Joint Hospital Survey and Planning Commission, Albany.

North Carolina State Medical Care Commission, Raleigh.

Pennsylvania State Department of Welfare, Harrisburg.